

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-005891

STATE FILE NUMBER

AMENDED

Registration District No. 71 Primary Registration District No. 3012 Registrar's No. 18

FILED FEB 28 1962

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Excelsior Springs</u>		c. CITY OR TOWN <u>Excelsior Springs</u>	
Length of stay in 1b <u>Years</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Excelsior Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>Chatwick Hotel</u>	
3. NAME OF DECEASED (Type or print) First <u>Fannie</u> Middle <u>Eubank</u> Last <u>Eubank</u>		4. DATE OF DEATH Month <u>February</u> Day <u>5</u> Year <u>1962</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9-9-1886</u>
9. AGE (last birthday) <u>75</u>		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	
11. BIRTHPLACE (City and state or country) <u>Ray County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Gorden Clevenger</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Sisk</u>	
14. NAME OF HUSBAND OR WIFE <u>Wayne Eubanks</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>[REDACTED]</u>		17. INFORMANT Address <u>Mrs May Mills, Orrick, Missouri</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Massive Kh. Coronary Infarction</u> DUE TO (b) <u>Cerebral thrombosis</u> DUE TO (c) <u>Chromotone - 7 days</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Chromotone - 7 days</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>year</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour <u>1:30 p.</u> Month, Day, Year <u>8-3-43</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>8-3-43</u> to <u>2-5-62</u> and last saw her alive on <u>2-5-62</u> Death occurred at <u>1:30 p.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>Byron F. L. Chang M.D.</u>	
22b. ADDRESS <u>Excelsior Springs, Mo</u>		22c. DATE SIGNED <u>2/6/62</u>	
23a. BURIAL INFORMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>2/8/1962</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Old New Garden</u>		23d. LOCATION (City, town, or county) (State) <u>Rural, Excelsior Springs, Mo</u>	
24. FUNERAL DIRECTOR <u>Richard Funeral Home, Inc.</u> <u>Excelsior Springs, Missouri</u>		25. DATE RECD. BY LOCAL REG. <u>2-22-62</u>	
26. REGISTRAR'S SIGNATURE <u>Caroline Hutchings</u>			

(Licensed Embalmer's Statement on Reverse Side)

MAY 17 1962
MAY 18 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Ralph Van Leningham

Licensed Embalmer No. 4009

P. O. Address Galien Springs, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.